

Registration District No. 394 Primary Registration District No. 4449 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ellington</u>		Length of stay in 1b <u>1 Year</u>		c. CITY OR TOWN <u>Ellington,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brawley Nursing Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Louise</u> Last <u>Svoboda</u>				4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1960</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-11-1883</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and state or country) <u>Ellington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Charles Anderson Massie</u>			13b. MOTHER'S MAIDEN NAME <u>Artamissa Copeland</u>			14. NAME OF HUSBAND OR WIFE <u>Manuel Svoboda (Dec)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>500-30-2247</u>		17. INFORMANT <u>William Fears,</u> Address <u>1426 N. Park Place</u> <u>St. Louis, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Hydrostatic Pneumonia</u>								<u>4 wks</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Apoplexy</u>								<u>3-4 yrs</u>		
DUE TO (c) <u>Arteriosclerosis (cerebral)</u>								<u>20 yrs</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>Feb 1, 1960</u> to <u>Mar 1, 1960</u> and last saw her/him alive on <u>Mar 1/1960</u> Death occurred at <u>9.10p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Delegator or title) <u>Rebecca V. [Signature]</u>					22b. ADDRESS <u>Ellington, Missouri</u>			22c. DATE SIGNED <u>3-15-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elli ngton City</u>			23d. LOCATION (City, town, or county) <u>Ellington, Mo.</u>		(State)		
24. FUNERAL DIRECTOR <u>Pewitt Funeral Home, Ellington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Mar. 19-1960</u>		26. REGISTRAR'S SIGNATURE <u>Edna Jarred</u>				

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

x

x ~~1~~

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chris S. Pennington

Licensed Embalmer No. 4574

P. O. Address Ellington, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.